

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

UST-10
3/23/90

MONTHLY REPORTING REQUIREMENTS
FOR INDIVIDUALS ENGAGED IN BUSINESS

INSTRUCTION PAGE

Every Chapter 11 Debtor in Possession or Trustee must file Monthly Operating Reports. The reports are due within fifteen (15) days following the end of the month (or portion thereof). All reports must comply with the following instructions unless waived in writing by the Office of the U.S. Trustee:

1. **Accounting Records**. Close the books and records as of the day prior to filing the petition. Then on the day of filing, reopen the general ledger accounts. It is essential that both periods be separated for purposes of determining preferences, liens, administrative expenses, etc. Accordingly, all liabilities and all operations of the debtor must be separated between prepetition and postpetition accounts. The current liabilities in the old general ledger must be reclassified as non-current liabilities in the new general ledger.
2. **Monthly Reporting Requirements (Cover Sheet)** (Exhibit UST-11 enclosed). Complete the form including the certification. The certification must be signed by the debtor.
3. **Balance Sheets** (Exhibits UST-12 & UST-13 enclosed). Prepare statements similar to the exhibits enclosed. If debtors wish, they may combine the business and personal balance sheets. Please note that prepetition obligations (payables) must be classified separately from postpetition obligations. In this regard, the prepetition current liabilities must be reclassified as non-current, as noted in paragraph 1 above. The debtor must disclose the method of valuation of inventory and other assets.
4. **Business Income Statement** (Exhibit UST-14 enclosed). Prepare the income statement on either an accrual or cash basis. While the accrual basis is preferred, either method is acceptable depending on the method of accounting used. Also, the debtor should identify any major nonrecurring expenditures.

You should prepare the statement on a comparative basis, month to month. Photo copy the prior month's statement and add the current month's activities.

5. **Statement of Business Receipts and Disbursements** (Exhibit UST-15 enclosed). Include all receipts and disbursements for each business bank account (general, tax or any other established). Cash receipts include borrowings from financial institutions, sale of assets, etc. Include both cash and non-cash receipts and disbursements (e.g. bartering transactions).

Cash receipts must identify the date funds were received and the source of the funds. Disbursements must list each check, date, payee, purpose of disbursement or expense category and the amount.

Debtors must also submit a copy of monthly bank statements for each business bank account.

In lieu of preparing a separate report, debtor's may choose to submit either copies of check registers, cash receipt and disbursement journals or, computerized reports as long as complete cash receipt and disbursement information is provided.

6. **Statement of Personal Receipts and Disbursements** (Exhibit UST-16 enclosed). The statement of personal receipts and disbursements should be on a cash basis. Show receipts from all sources including draws from your business and non-business receipts.
7. **Statement of Aged Payables** (Exhibit UST-17 enclosed). Debtor's must separate payables between amounts incurred prepetition (prior to date of filing) and those incurred postpetition (since filing) but need only report those incurred postpetition. Debtor may combine all payables less than 30 days past due and show on one line.
8. **Statement of Aged Receivables** (Exhibit UST-18 enclosed). All receivables, prepetition and postpetition, should be shown and the debtor must classify amounts currently outstanding by the number of days past due. Debtors must provide details on any receivable due from a related party/entity in an attachment to this statement.
9. **Statement of Operations, Taxes, Insurance and Personnel** (Exhibit UST-19 enclosed). All questions must be answered.
10. **Other documents or reports**. The debtor may be requested to prepare other financial reports as determined necessary in the circumstances.

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

UST-11
3/23/90

MONTHLY REPORTING REQUIREMENTS
INDIVIDUALS ENGAGED IN BUSINESS

All Chapter 11 debtors filing as individuals engaged in business, must serve the U.S. Trustee with the documents and reports identified below no later than the 15th day of the month following the end of the month covered by the report.

Debtor Name: _____

Case Number: _____ For the Month of: _____

=====			
Required Documents	Document Attached	Previously Submitted	Explanation Attached
1. Comparative Business Balance Sheet.	()	()	()
2. Comparative Personal Balance Sheet.	()	()	()
3. Business Income Statement.	()	()	()
4. Statement of Business Receipts and Disbursements.	()	()	()
5. Statement of Personal Receipts and Disbursements.	()	()	()
6. Statement of Aged Payables.	()	()	()
7. Statement of Aged Receivables.	()	()	()
8. Statement of Operations, Taxes, Insurance and Personnel.	()	()	()
9. Other documents/reports as required by the U.S. Trustee:	()	()	()

The undersigned certifies under penalty of perjury (28 U.S.C. § 1746) that the information contained in this and accompanying reports is complete, true and correct to the best of my knowledge, information and belief.

By: _____ Dated: _____, 19____

Title of Debtor Representative

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

UST-12
3/23/90

COMPARATIVE BUSINESS BALANCE SHEET

(Debtors must also submit a personal balance sheet)

As of _____

Debtor Name: _____

Case Number: _____

	<u>Date</u>	<u>Date</u>	<u>Date</u>
<u>ASSETS</u>			
Current Assets			
Cash			
Inventory			
Accounts Receivable (net)			
Notes Receivable			
Other (attach list)			
Total Current Assets			
Fixed Assets			
Property and Equipment			
Accumulated Depreciation			
Total Fixed Assets			
Other Assets (attach list)			
TOTAL ASSETS	=====	=====	=====
<u>LIABILITIES</u>			
Postpetition Liabilities:			
Accounts Payable			
Notes Payable			
Rents and Leases Payable			
Taxes Payable			
Accrued Interest			
Other: _____			
Total Postpetition Liabilities			
Prepetition Liabilities:			
Unsecured Debt			
Notes Payable-Secured			
Other Debt (priority claims)			
Taxes			
Wages			
Deposits			
Other: _____			
Total Prepetition Liabilities			
TOTAL LIABILITIES.			

OWNER EQUITY (DEFICIT)

TOTAL OWNER EQUITY
(NET WORTH)

**TOTAL LIABILITIES AND
OWNER EQUITY**

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NOTES:

1. Explain significant events, including contingent liabilities and pending lawsuits, which may have a major effect on the financial condition of the debtor.
2. Value fixed assets at cost or specify if another method is being used.
3. Explain the method of inventory valuation if other than the lower of cost or market is used.

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTONCOMPARATIVE PERSONAL BALANCE SHEET
(Individuals Engaged In Business)

As of _____

Debtor Name: _____

Case Number: _____

	<u>Date</u>	<u>Date</u>	<u>Date</u>
<u>ASSETS</u>			
Current Assets			
Cash			
Money on deposit			
Bonds (savings, etc)			
Monies owed to you			
Home			
Other property (attach list)			
Automobiles			
Boats, motors, R.V's, etc.			
Furniture			
Wearing apparel			
Books, pictures, art, etc.			
Cash value of insurance policies			
Stocks			
Other Assets (attach list)			
TOTAL ASSETS	=====	=====	=====
<u>LIABILITIES</u>			
Prepetition Liabilities			
Unsecured Debt			
Notes Payable-Secured			
Taxes			
Other: _____			
Total Prepetition Liabilities			
Postpetition Liabilities:			
Accounts Payable			
Notes Payable			
Taxes Payable			
Other: _____			
Total Postpetition Liabilities			

TOTAL LIABILITIES.	_____	_____	_____
OWNER NET WORTH	_____	_____	_____
TOTAL LIABILITIES AND NET WORTH	=====	=====	=====

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

UST-14
3/23/90

BUSINESS INCOME STATEMENT

Page 1

Debtor Name: _____

For the Period: _____

Case Number: _____

Basis of Accounting: _____

	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>
BUSINESS OPERATIONS:					
Gross Sales					
Less: Returns and Allowances					
Net Sales					
Cost of Sales: (1)					
Beginning Inventory					
Add: Purchases					
Less: Ending Inventory					
Cost of Goods Sold (2)					
Other Operating Expenses:					
Officers' Salaries					
Direct Labor/Salaries					
Benefits/Payroll Taxes					
Supplies					
Insurance					
Rent					
General & Administrative					
Net Operating Profit (Loss)					

OFFICE OF THE U.S. TRUSTEE - REGION 18
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BUSINESS INCOME STATEMENT

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Page 2

Debtor Name: _____

For the Period: _____

Case Number: _____

	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>
Add: Other Income (3)	_____	_____	_____	_____	_____
Less: Other Expenses	_____	_____	_____	_____	_____
Interest Expense	_____	_____	_____	_____	_____
Other (4)	_____	_____	_____	_____	_____
Total Other Expenses	_____	_____	_____	_____	_____
Gain/Loss Sale of Assets	_____	_____	_____	_____	_____
Profit (Loss)	_____	_____	_____	_____	_____
Proprietor/Owner Draws	_____	_____	_____	_____	_____
Net After Draws	=====	=====	=====	=====	=====

1. If perpetual inventory records are not maintained, use of the prior period gross profit percentage is acceptable but must be disclosed.
2. Separately identify in a footnote the amount of depreciation included in the cost of goods sold.
3. Identify the source if the amount is \$500 or more.
4. Provide details on "other" expenses over \$500.

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OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

UST-16
3/23/90

STATEMENT OF PERSONAL RECEIPTS AND DISBURSEMENTS

(Individuals Engaged In Business)

Debtor Name: _____

Case Number: _____ For the Period Ending: _____

	Month	Month	Month
	_____	_____	_____
<u>Personal Income/Receipts</u>			
Draw from business	_____	_____	_____
Wages	_____	_____	_____
Gifts	_____	_____	_____
Loans	_____	_____	_____
Other (itemize)	_____	_____	_____
Non-cash receipts	_____	_____	_____
Total Personal Receipts	_____	_____	_____
<u>Personal Expenses/Disbursements</u>			
Total Personal Expenses/Disbursements	_____	_____	_____
<u>Excess Income/Receipts over</u>			
<u>Expenses/Disbursements (deficit)</u>	=====	=====	=====

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

UST-17
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STATEMENT OF AGED PAYABLES
(Individuals Engaged in Business)

Debtor Name: _____

Case Number: _____ Month Ending: _____

ACCOUNT NAME	DESCRIPTION	TOTAL DUE	CURRENT (0-30 DAYS)	PAST DUE (31-60 DAYS)	PAST DUE (61-90 DAYS)	PAST DUE (91 & OVER)
--------------	-------------	--------------	------------------------	--------------------------	--------------------------	-------------------------

You may combine all payables less than 30 days past due and show on one line.

TOTALS

Note: Please include only postpetition debts and explain why accounts over 30 days past due have not been paid.

ACCOUNTS PAYABLE RECONCILIATION:

1. Opening Balance (total from prior report)
2. Total New Indebtedness Incurred This Month
3. Balance (add lines 1 and 2)
4. Amount Paid on Prior Accounts Payable
5. Closing Balance (subtract line 4 from line 3)

OFFICE OF THE U.S. TRUSTEE - REGION 18
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STATEMENT OF AGED RECEIVABLES
(Individuals Engaged in Business)

Debtor Name: _____

Case Number: _____ Month Ending: _____

TOTAL DUE	CURRENT (0-30 DAYS)	PAST DUE (31-60 DAYS)	PAST DUE (61-90 DAYS)	PAST DUE (91 & OVER)	AMOUNT Considered Uncollectible
--------------	------------------------	--------------------------	--------------------------	-------------------------	---------------------------------------

PREPETITION

\$ \$ \$ \$ \$ \$

POSTPETITION

\$ \$ \$ \$ \$ \$

TOTALS

\$ \$ \$ \$ \$ \$

NOTES:

1. Please explain what actions have been taken to collect receivables more than 60 days past due.
2. Provide details on all receivables due from any related party/entity in an attachment.

ACCOUNTS RECEIVABLE RECONCILIATION:

1. Opening Balance (total from prior report)
2. New Accounts this Month
3. Balance (add lines 1 and 2)
4. Amount Collected on Prior Accounts
5. Closing Balance (subtract line 4 from line 3)

OFFICE OF THE U.S. TRUSTEE - REGION 18
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UST-19
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STATEMENT OF OPERATIONS, TAXES, INSURANCE AND PERSONNEL
(Individuals Engaged in Business)

For the Month Ending: _____

Debtor Name: _____

Case Number: _____

1. What efforts have been made toward presentation of a plan to the creditors?

2. Has the Debtor in Possession, subsequent to the filing of the petition, made any payments on its prepetition unsecured debt, except as have been authorized by the Court?

_____: Yes

_____: No

Identify amount, who was paid and date paid: _____

3. Provide a narrative report of significant events and events out of the ordinary course of business: (attach separate sheet if necessary)

4. If assets have been sold in other than the ordinary course of business, please provide details as to the asset sold, date of sale, total sales price, deductions (i.e. commissions), and net amount received.

5. STATUS OF TAXES

<u>FEDERAL TAXES</u>	<u>AMOUNT WITHHELD OR ACCRUED</u>	<u>AMOUNT PAID</u>	<u>DATE PAID</u>	<u>POSTPETITION TAXES PAST DUE</u>
FICA				
Withholding				
Unemployment				
Income				
Other				
<u>STATE TAXES</u>				
Dept. of Labor and Industries				
Income				
Employment Sec.				
Dept. of Revenue				
B&O				
Sales				
Excise				
<u>OTHER TAXES</u>				
City Business/License				
Personal Property				
Real Property				
Other (List)				

Explain reason for any past due postpetition taxes:

6. SCHEDULE OF SALARY AND OTHER PAYMENTS TO PRINCIPALS/EXECUTIVES/INSIDERS*

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
			\$

*List accrued salaries whether or not paid and any draws of any kind or perks such as car etc. made to or for the benefit of any proprietor, owner, relative or insider.

7. SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Appointment Date</u>	<u>Amount Paid This Month</u>	<u>Date of Court Approval</u>	<u>Aggregate Received</u>	<u>Estimated Balance Due</u>
Debtor's Counsel	_____	\$ _____	_____	\$ _____	\$ _____
Counsel For Unsecured Creditors' Committee	_____	\$ _____	_____	\$ _____	\$ _____
Trustee's Counsel	_____	\$ _____	_____	\$ _____	\$ _____
Accountant	_____	\$ _____	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	_____	\$ _____	\$ _____

Identify fees accrued but not paid: _____

8. Please explain any changes in insurance coverage that took place this month.

9. PERSONNEL

	<u>Full Time</u>	<u>Part Time</u>
Total number of employees at beginning of period	_____	_____
Number hired during the period	_____	_____
Number terminated or resigned during period	_____	_____
Total number of employees on payroll at period end	_____	_____
Total payroll for the period \$ _____		